The Eye Exam That Changed Everything: Catching a Hidden Brain Tumor Transcript

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Patientu2019s first vision changes

I looked down one day, just looked down and my lap was double. This was very quickly, it was a matter of weeks afterwards and I looked up again and I looked down and now my feet, instead of two, I had four and I'm like, what is going on?

But it wasn't when I would look straight and I realized when my head was straight but I would lower my eyes, that's when everything went double. Then I came back in again to see you.

That scared me. It was just afterwards, it was just constant fear, because every little thing I felt, I was like, what is that? Am I supposed to feel that?

Welcome to the IQ Podcast. I'm Dr. Ronni Banek, here to help you boost your IQ with powerful insights that connect your eyes, your brain, and your whole body wellness.

Hello, and welcome to the IQ Podcast, where you can gain insights into your vision health, your brain health, to help you raise your IQ. I'm your host, Dr.

Rani Banik, also known as America's Integrative Ophthalmologist. And on today's episode, I have a very special person I want to introduce you all to. Someone who I've known for almost 10 years now, who happens to be one of my patients.

And she's been generous and kind enough to share her story with you because it truly is a story of resilience and hope. I'm so excited to bring on the IQ podcast today, my patient Mev Markashi.

Welcome Mev to the IQ podcast. Thank you, Dr. Banach. So as I mentioned, we've known each other for quite some time now, almost 10 years. I think that your journey with this issue we're going to be talking about today began in 2016. Now it's 2026. So it goes back quite a long ways.

And I've kind of watched you evolve through the years with your condition and your acceptance of the condition, et cetera, how you're managing with it.

But let's go back. to the very beginning. So tell our audience, what happened? What was the very first thing or what were some of the initial symptoms that you had that ultimately led to this diagnosis we're going to be talking about today?

Sure. The initial symptoms were, I would call them very subtle. My concentration was off at times. I found myself focusing, not being on. I was reading the same line over, and I just couldn't concentrate.

And that would come and go for a bit. But it wasn't anything that was really impacting my life. But it did make me wonder. As time went on, I started to develop this fatigue.

It was just fatigue. My body started to hurt. I couldn't explain getting up out of bed as if my head just became a hundred pounds heavier.

Podcast introduction and guest welcome

overnight, it was weight to it. Again, subtle symptoms that were explained away, I would walk, I would change my diet in certain ways. But then my vision, and I will say it was slow from the, I'd say it was almost a year later after these subtle symptoms started to show up, just fuzzy, wasn't feeling right.

But the true moment was when I was in the car and it was this, I would come to a stop sign when I would leave my home, and I would turn left to look, right to look, and then left again.

When I made that turn, and I may be using the wrong word here, but it felt like my eyes were doing this in a wave appearance. I would have to drive about three blocks down and I kept blinking because it just was no longer just this clear static picture, it was just shifting on me.

So to clarify, you mean like your vision was shifting like jiggling back and forth kind of? Yes. Like if you couldn't, if you looked at something, looked to the sides and then things were unsteady for a little bit?

Correct. Correct. And the first time that happened, I clearly was, what was that? It happened the next day because it was always the same routine. I would leave and it happened again, but this time it was taking longer for that image to just stay straight to really be able to not feel that.

I knew at that moment, I said, okay, now there's now and now it's my eyes. So I made an appointment with an optometrist. not an ophthalmologist, an optometrist who was just down the block from me.

And I told them what was happening. Quite honestly, it was, oh, you know, you're 42 and, you know, these type of things happen. And I was getting very frustrated with a lot of that because internally that this cannot be right.

Could I ask, when you went for the eye exam, did they just check you for glasses or was it a full eye exam? At this moment, he dilated my pupils. And I think he did.

He did, yeah, because of what I was saying. And did he see anything on that exam? Yes. He went from my right eye to my left and he would not stop going back and forth.

I asked him, is everything okay? And he did not speak to me. He kept going back and forth. And then he left the room. Okay. I came to learn that what he did at that moment was call a neuro-optimologist here on Staten Island to bring me in on an emergency.

What he was trying to figure out after I had met with him after the surgery, he said, I was trying to figure out how to tell you and not scare you, what I was saying.

My optic disc, is that correct? He came to me and said, you have papillodema. He goes, it is excessively swollen, but what's unusual, he says, it's also your left eye.

So both of your eyes, your optic disc is swollen, and he said it. He goes, you know, we tend to see these things with a brain tumor, but it's usually just one side.

He goes, and that was it. It was actually both sides, but you know. Probably, you know, the red flag was there and he did the right thing. Number one, he did not just a glasses exam, but he dilated you, which is so important because if unless he dilated you, he would never have seen this or less likely he would have seen it.

But also he called the right specialist, which is so important. So kudos to him. Oh, yeah. Oh, yeah. Yeah, I want to just ask you a little bit before we go further.

So, you know, there's this question, okay, is this a brain tumor? But you mentioned that some of these symptoms are going on for a long time. Can you give us a time frame?

Was it weeks? Was it months? Days? Like, you know, the brain fog, the heaviness, the vision issues? How long was this going on? I remember when I turned 40 because that started to be the time that everybody was like, Oh, you know, you're 40 and that's what happens.

Early symptoms and worsening vision

And I would say two years, two years, two years was the subtleness of something feels off my concentration, but then I would go even it would pass. Would it go back to normal?

Would it kind of come and go? Yes, come and go. And it wasn't anything that was impacting my life. I was going to the doctor and like, oh, you know, maybe stress and maybe you're, you know, maybe the foods that you eat.

And I tried everything, everything. And by the way, I should mention this to the audience, Mev is actually in the healthcare field. She's a registered nurse and she's been working in various clinical settings for quite some time.

So you knew that what's normal and what's not normal at some point, right? So you decided to seek care, which is really important. Yes, I did. And I remember someone, my nurse and colleagues would say to me, you're a nurse.

You didn't know you had a brain tumor. And it was like, no, no, I didn't have headaches. No, there was nothing going on with my vision. I hear people say the same thing that I was saying back then that are normally functioning.

There was nothing that made me think that I had a brain tumor. So that heaviness that you were feeling, it wasn't a headache, right? It was a difference.

It wasn't like something's pressure, you know, pressure is building up in your head. It was a different sensation. Just wait, wait. That's what I could say.

It felt heavy. I have to say, Mev, going through that period in one's life, especially being a woman, perimenopause, menopause, a lot of women do chalk up their symptoms to, oh, it's just my hormones, or oh, I haven't slept well, or I'm stressed, or this is going on, or that's going on.

So a lot of women like you may let things go for some time, right? Like we take care of other people, we don't really focus on our own health, and we unfortunately sometimes get care too late, or I shouldn't say too late, but delayed, which really shouldn't be the case.

It shouldn't be, and that's exactly what it was. So now let's go back to that moment in time when your optometrist came in and said, I'm worried, you need to go see the specialist, you may have a brain tumor.

What went through your mind? I mean, that's just, I can't even fathom the emotions that may have happened at that time. As much as he was trying to calm me down at that moment, I knew I had my diagnosis because it all added up then.

I said, that's it, here's the answer. I have seen everybody, this is it. I was scared to say scared and in shock and I drove all the way down to the neuro-optimology from there on my own.

You think to call somebody to come with you, I just scared. I'm sure like the processing like that, you know, like, oh my goodness, and people think brain tumor, that's one of the scariest diagnoses to get, right?

Anyone is, that's the first thing they think of, like, is it a brain tumor? I get that question every week. But to be told that, and then, you know, to try to put the pieces together, like, this has been going on, this has been going on, this has been going on.

I really applaud you for keeping your cool and making it to that doctor's office. Yeah. I drove. I said to him, my pupils are dilated. You want me to drive?

He gave me the glasses. He says, you're going to be fine. Go. And you know what? Yeah. I got in the car and I was just processing. And then when I walked in, they brought me in immediately.

And I immediately said to him, I said, I know it's a brain tumor. He said, don't. So I jumped to conclusions. He said, we do see these things. And he would again, trying to bring me down.

I have a history of paternal diabetes and we've seen these in autoimmune and no matter what they said and the staff came in and they showed me a comparison of what a healthy optic disc looks like versus what mine looked like.

I was shocked at the size of what was occurring. And no matter what they said, I was like, this is a brain tumor. And I was not emotionally crying or anything.

It was just shock. Here it is. It all adds up now. That's what's been happening. Was there a sense of relief to finally get some kind of diagnosis? In an odd way, yes.

Because you've been grappling with these symptoms for two years, right? So to kind of say, like, now, okay, it's making sense. Like, I'm kind of glad that I know now what's happening, even though it's a scary thing.

I think that's a challenge, too, is, you know, getting to the diagnosis and then the relief after that that people experience. Like, okay, now at least I know now I can move forward with this and address this.

So what did that neuro-ophthalmologist do? What was the very first thing that they did for you? Well, they sent me to a neurologist for a follow-up. He did a full assessment.

I'm going to tell you, he was not convinced. Even he, they did a full check on me. My whole, I was strong. Everything, even the neuro- No weakness, no numbness, no back issues, no headaches, kind of.

you know, all the things you would expect you didn't have, you had other symptoms. Correct. And he says, you know what, why don't we just get an MRI, he says, to roll out a brain tumor.

And it was like, when he said it, it was becoming more real. And I said, you really think I have a brain tumor? He said, no, we're just going to roll it out.

And I'm going to tell you, I really don't think he was convinced. Yeah, I have this. Mav, in your age group, being a woman in your 40s when this was diagnosed, there are other conditions that can cause papillodema.

And the vast majority of those conditions are not brain tumors. So, you know, it's very, you know, it makes sense that they were really thinking this is not a brain tumor because it's the exception, honestly.

It's the exception. I would say 95% of patients have something else, not a mass growing in their brain. Right. I was praying for diabetes, to be honest with you.

I was like, Oh, let's hope this is dying something. And I went for an MRI. I remember it was a Sunday. Don't know why they were open on a Sunday, but I did it on a Sunday.

I went to work next day. I don't know how I got through today. I kept looking at my phone.

Eye exam reveals papilledema

I was in a school as a nurse, kids were coming in and I was, the only thing I kept saying to myself is I hope I don't get a phone call today. That was it.

I hope I do not get a call today and it's just a routine MRI and they're gonna call me back whenever. And I thought I was out of the day. I went home, school closed, 3.30, got home.

I'm like, great, day's going to go. I'm not going to hear from them. This is not happening. My phone rang. I was sitting in my living room. I looked. It was him.

It was a little after four. And I was like, oh boy. They didn't want to hear from him, but there he was. And I picked it up. And he says, Hey, Matt, and he was very calm.

He says, we have your MRI results. Then I'll never forget his words. He said, there's good news and bad news. He said, okay. He said, bad news is you have a meningioma.

That was the word that he used. I'm processing OMA, tumor, meninges. He says the good news is these tend to not be malignant. When people say my life flashed in front of me, I can honestly tell you it was as literal as those words can possibly be that I just saw everything and it was this release and then he went there he got very escalated then he said this needs to come out like yesterday he goes it is.

Yesterday you have a lot of swelling on your brain we need you to come in here now. And from there on, it was just full go, full throttle. Everybody was across the whole spectrum as quickly as they possibly could to get this tumor out.

So I want to go back to that. You know, you said your whole life flashed in front of you. Was it a sense of relief or was it a sense of dread and uncertainty or maybe a combination of both?

I think for the first time in my life, I experienced the vulnerability. It was not a relief. It was more of nothing made sense. It was like all that for this moment, all that, that whole, this whole life, this way that I've lived, always athletic and moving around.

And for this moment, there was no relief. It didn't make sense to me. You know, you think you're invincible, you're never going to be that person, you know?

And there was just this release, I think, of no control. No control, vulnerable, and it's not a comfortable feeling. I've certainly had patients who, similarly after a major diagnosis, they think, well, I eat healthy, I exercise, I'm at a good weight, I don't have diabetes, I don't have high blood pressure.

Why did this happen to me? And there's that feeling like I've done everything right, but why did this happen to me? And my response is, this is nothing you did.

It's not your fault. There's no guilt to be had here. It's our human body. And sometimes things happen. And I'm going to show your meningioma just to kind of demonstrate what the initial scan looked like so our audience can understand.

But I just want to preface that by saying that Meningiomas are very common. They're estimated to be present in about 15 to 20 percent of the normal population.

Most of us may not even know that we have one unless you get a brain scan or unless it grows big enough that it causes a problem. So it's not that uncommon, but when it grows, then it needs to be addressed.

And so with that, I'm going to share your scan. Hello, I'm Dr. Rani and I'm here to talk about something we often take for granted, our vision. In my book, Beyond Carrots, Best Foods for Eye Health A-Z, I delve into how crucial it is to be proactive about your vision health.

Certain eye issues are quite common, such as dry eye and eye strain, while others frequently develop with age like cataracts, macular degeneration, diabetic retinopathy, and glaucoma.

Some of these types of eye conditions can be debilitating and even lead to loss of vision. The good news is that many of these sight-stealing conditions are preventable if you take the right steps.

Your eyes are precious and they deserve the best care possible. To ensure healthy vision for life, you need to provide your eyes with the proper nutrition they need.

Nutrients like lutein, zeaxanthin and bioflavonoids, also omega fatty acids, are like fuel for your eyes, keeping them strong and vibrant. But here's the truth, sometimes our diets have gaps.

That's where my Agile Size supplement bundle comes in. It's the result of years of research and my passion for eye health. The Agile Size bundle contains the three essential supplements I recommend to my patients.

Let's start with Fortify, a blend of powerful ingredients that protect against stressors like blue and UV light, eye strain, free radicals, and oxidative stress.

Next is Nourish, a complete multivitamin.

MRI diagnosis and emergency surgery

Nourish provides the foundational building blocks your eyes need for cellular function and repair, along with powerful bioflavonoids that support the delicate structures within your eyes.

And then there's Soothe, a unique complete blend of omegas, three, six, seven, and nine. This blend of omega supports a healthy inflammatory response, nourishes dry eye, and helps fight against macular degeneration.

Remember, taking care of your eyes isn't just about today, it's an investment in your future. By being proactive now, you can enjoy healthy vision for years to come so you can continue reading, using a device, staying independent, and seeing the faces of your loved ones.

So, join me in taking the first step towards a lifetime of clear, vibrant vision. It's time to introduce your eyes to the Ageless Eyes Bundle. I invite you to learn more on my website about each of the powerful supplements that make up the trio in the Ageless Eyes Bundle.

Let's embark on this journey together because your eyes deserve nothing but the best. The Ageless Eyes Bundle. See the world with clarity and confidence.

Okay, so I hope you can see this, but basically this is a side view of Meb's brain, the initial MRI. And here you can see her eye. It's in the front part here.

This is the back of her head. And here is the tumor right here. And you can see it's very, very large. I don't know the exact dimensions off the top. I don't remember the exact dimensions off the top of my head, but this is, you know, at least the size of a grapefruit, a small grapefruit, that's what I would say, in the very kind of base of the brain.

And you see there's kind of a little lighter color here. This is some of the swelling that she had around this tumor. You went through a lot. It was huge.

It was big. And the reason, and I'll just explain this and then I want to go back to your story, Mev, but the reason why you were having a lot of those symptoms is because as this was growing, now, first of all, it doesn't grow overnight.

It usually takes years to decades to get to that size. So you may have had this for 15, 20, 25 years that this was growing and you didn't even know it.

But once it gets to that size, it causes some issues like the swelling, but also it can cause the brain to shift. And when it causes the brain to shift, that's when many people will have neurologic symptoms like weakness, numbness, loss of consciousness, loss of balance, things like that.

So luckily, it hadn't caused too much shift up until that point. So that's probably why you didn't really know that this was happening. But it is also the tumor was also in a location where it's very close to a lot of the nerves that go to the eye.

And that's probably why you were having some of those visual symptoms. some of that jiggling sensation and, you know, maybe blurriness or fog or, you know, that's the type of thing.

And the papillodema by itself, the swelling of the optic nerves, can also cause a lot of blurriness. And a common symptom is transient loss of vision.

So I don't know if you've experienced this, Mev, but where if you bend over and come back up, things may go gray or black for very short periods of time.

Was that happening? One time, I woke up in the middle of the night to use the restroom. I put the light on and everything went black. It was this quick black.

And that was right at the time where literally like that, the car moment, it was all happening at that one time, everything went black. Yeah, and that's a very common symptom.

And maybe you noticed it at night because maybe you were laying down, then you'd gotten up very quickly. You know, that positional change can sometimes trigger a loss of vision.

It seconds, like really brief, but it is an important indicator of high pressure in the brain. Okay, so what happened after that? You got this diagnosis, they got you in.

What was their treatment? What did they do? Then I went in, I saw the neurosurgeon and it's funny because some of the things you said, he actually said, looking at your images, I didn't expect somebody like you to come walking in here.

He goes this strong without his assessment. He could not believe that there was no weakness or the way I just, he looked at me like this when I walked in.

They scheduled me for surgery. They wanted to do it immediately. He said, I wanted to process. I said, what is the longest that I can wait? He said, no more than two weeks.

I said, please give me two weeks. And we scheduled the surgery. I had a craniotomy with a resection. And can you show us where was it under your hairline?

Right here. You could actually see the line here. all the way back here and you can see the temporal atrophy that I have on this side. It's very mild.

Yeah. Hair actually does a nice job to cover itself. Yeah. The surgery was, when I asked them, I said it's six to eight hours. The surgery went total from beginning to end.

It was 12 hours. It was a monster. Obviously you saw the size of this tumor and all the vessels were wrapped around the brain tumor and I was upset when I heard that they could not get all of it out.

There was a residual tumor that sits behind my optic nerve, next to my optic nerve, and I was told the carotid artery. I understand why they could not get it out, but when I was told, I just remember looking at the residents and going, oh, really?

All that and you guys couldn't get it all out? Let me show the post-op scans. They're not immediate post-op, they're actually the most recent scans that you had, but let me just show that for comparison.

So, you know, that large tumor that was all here is now down to this little nubbin right there. So I don't know what numbers your neurosurgeon gave you, but I would say that's a very good decompression and excision of the tumor.

Maybe there is like a small amount, like 10% left. I don't know if he gave you a number or anything like that. And then here, this is the residual right here along your optic nerve and the carotid artery.

you know, just to compare, this is what it used to look like, and this is what it looks like now. So, yeah. Well, I'm not

complaining, believe me. Once they said to me immediately why, I just had to understand the physiology, the anatomy that was happening.

I said, oh, oh, I just, I said, no, it's okay. It's okay. I'll take it. Yeah, yeah. I mean, I think considering what you went through and the size of this tumor, it's remarkable what we have, you know, the tools we have in modern science and surgery and, you know, to help people not just get rid of the problem, but to lead healthy, fulfilling lives.

And, you know, this is actually the reason why I asked you to be on the podcast, Mev, is, yes, your story is very unique. you know, quite scary at times, but I really wanted to highlight what happened after and, you know, your experiences after having this tumor removed and your recovery.

So can you just share a little bit about that? Like, what was that journey like? It's a good thing we don't know what's waiting for us afterwards. Sometimes for me, I was still scared.

I was still scared. I was trying to do the most that I can do for myself as far as trying to walk a little bit, eat protein with all those different things.

But it was very quickly that just felt like every day I was feeling something new and I didn't know what was going on. I looked down one day, just looked down and my lap was double.

This was very quickly.

Recovery, double vision, and healing

It was a matter of weeks afterwards and I looked up again and I looked down and now my feet, instead of two, I had four and I'm like, what is going on?

But it wasn't when I would look straight and I realized when my head was straight but I would lower my eyes, that's when everything went double. Then I came back in again to see you.

That scared me. It was just afterwards, it was just constant fear. Because every little thing I felt, I was like, what is that? Am I supposed to feel that?

Am I going to have a stroke? I mean, are the symptoms just fear? Fear and then the smelling in the brain. I mean, it's a skull. All that swelling has nowhere to go.

The heaviness, there was so much pain afterwards. It was scary and just the not knowing. the not knowing, you know, all these different thoughts of, I'm a nurse.

I can't not be able to look at something. It was scary. I didn't know what to think of it. Is it going to go away? What do I do? And maybe there'll be classes.

Like I kept saying, oh, maybe this corrected blast is out there. Maybe they'll give me something where that won't happen. anything that I could make myself feel better about what was occurring.

But every day I'd see after the surgery, it was just constant fear. Fear every time I'd feel something. Because my gait and having to hold onto the furniture and it was scary.

So I'm going to put on my doctor hat right now. And I explained to you in our audience, like, after having something like this removed, you know, something of this size removed, it takes some time for the brain to adjust.

And there's a lot of swelling inside the brain, but you also had swelling on the outside, you know, where the scar was. It takes some time for, you know, this again was growing for at least a decade to maybe more.

So your brain had to, you know, reacclimate to not having that big mass in your head. And there are shifts in fluid

that happen. And so what happened to Mev was after the surgery, she didn't have double before the surgery, she had double after the surgery because some of the nerves were impacted by these changes in the brain and by the surgery itself.

The good news is, and I know you went through a very fearful period because all these new symptoms were popping up, but the good news is, you know, the brain has a tremendous capacity to heal as the rest of our body does.

And you started off in a really good place because you were healthy to begin with. You didn't have any really chronic medical conditions you were grappling with, so you started off in a really good place.

And it takes some time, but the brain can do it. There is neuroplasticity, there is this capacity for the brain to be resilient and heal. And over time, it took some time, it's not overnight or even over a few weeks, but it took some time and your symptoms did slowly improve.

And you remember, I don't know if you remember though at that time, but you were coming to see me pretty regularly for these vision issues and over time your papal edema got better and over time your double got better.

And so, you know, I just had to, you know, keep supporting you during this process. But what was going on from your standpoint like during the months after surgery?

You did. You explained. And I am somebody who has to understand. I just wanted to understand what was happening. And I can tell you, it took six months.

And I remembered a day where I no longer saw my feet turn into four. It was at the six-month mark. What was happening during that time, you ask, as far as…

Just you're going through your mind, like, I know you said you were very fearful, like, what's going to happen next? Is this normal? Is this not normal?

Like, did you eventually kind of come to terms with it? Like, okay, this is going to get better? Or were you still very fearful? I was fearful. I was hopeful that it would get better.

I was hoping it would, but I'm not going to sit here and say, you know, I know it's going to get better. My goal was to do what I could do for myself.

What were you doing for yourself to support your healing process? I did what I could do. Like I said, I got up every morning and walked. It was winter.

I wrapped myself up really good and I would go out and walk. I listened to music. I love music. And if that meant that I just sat there in my emotion and put music on and at times, I'll tell you, I just cried.

I needed to cry because I think it was more of, I don't know what to do and what's going to be. I felt like I was looking at myself from the outside in and nobody around me gets it.

No one. Right? I mean, unless you've been through a similar journey, even people with different types of brain tumors, no one's journey is exactly the same as yours.

No. No. You know, they would ask and I would tell them, they're like, oh, that happens to me. You know, I feel that. I'm like, yeah, you know, we're not talking about it yet.

So I went into what I would call self preservation and self care. These are my appointments. This is what I'm going to do. I followed everybody's lead.

What you would tell me, my surgeon would tell me. I was seeing a radiation specialist as well. Many times I would

just sit there trying to reassure myself by all of the words that you, all of you as my specialist would explain to me.

So what I would do is to try to make myself feel better is replay our conversations. I felt like, okay, they're professionals, they're talent. Then I would tap into my own knowledge.

I was like, yeah, okay. I would try to make sense of it and that would give me hope. But really it was just do what I can do, walk, stay healthy, try and eat the best that I could, stay positive as much as I could.

I spent a lot of alone time and sat with it for some time. And yeah, I'd tell you today that I noticed when I tied my sneakers and my feet didn't go die.

It's like, you know, those. It was like, yeah, you know, and every time I get a little bit more sensation, I mean, I am acutely aware of my body. It was, I would get these sensations in little areas first.

And I knew that was healing. So I can tell that the body was healing. So that was always a good, like, all right, good day. I got a little bit more here.

Okay. I got to feel a little bit more there. Yeah, yeah. Just for our audience, you know, when someone has a surgery like that, when the skull is opened up, the nerves are cut.

And so the sensation is affected to the face. And that's what Meb is talking about. Like, she had lost sensation in parts of her face after the surgery.

And, you know, again, the body has a tremendous capacity to heal. It takes time, though. And what percentage of it is back to normal right now? Oh boy.

I got to tell you, if I compare it to the way it used to be, when I used to do this, I used to feel like I was hitting plastic. That's like the adults, it felt dull.

I would say in the high 90s, I could feel touch. I can feel my head in a way. I mean, it's amazing what the body can do. It is. It is. And what everybody did, I have all my pre-op reports and the operative, when I read what they did in there, I was like, I have a new found respect for healthcare specialists and professionals.

And what they did, it's just, it's mind blowing, mind blowing. Cause if any little thing could have went wrong, And it's amazing. But of course, I can respect that to read what was done during that time.

It's amazing. And you had one of the best care teams possible, my colleagues that I work with uptown at Mount Sinai. So you were in excellent hands and you still are.

So I wanted to ask you, you know, our time together is coming to an end soon, Mev, but I wanted to ask you a few last questions before I let you go. What about getting back to your normal activities?

Like, what about getting back to work? Like, when did that happen? And how did you feel when you started, you know, when you made that decision to go back to work and even started a new company, right?

Your own company. So talk a little bit about that. I was afraid to go back to work because I knew I still needed to do per diem because of the appointments and I really didn't have the strength.

I was afraid to go back because in the schools, anything can happen. I knew there were times that I would have to be really quick. You hear that walkie talkie go on and there are times where you grab a bag and you run.

It took me about eight months to get back to work because the vision and all of that. Once I felt a little strong, I said, okay, I can do that. I would say for about a year that was, yeah, six to eight months and then doing per diem.

I was looking, I started to look for full-time work and I needed it to be close to home because I just, again, my body,

it was not easy coming back to work.

explaining your gap and your resume and you haven't been a director in a while and I didn't think anybody needed to know my story. It's very personal, it's private.

It is. And you had just gone through it, so it's very fresh. It was amazing how I couldn't enter back into the workforce. This went on for over a year, I'll be honest with you, it was very difficult.

Even after just eight months of not working, it was difficult to get back into the workforce. Yes. Yes. Very much so. And I would hear the same response over and over.

Well, you know, you haven't been a director in a while.

Return to work and life after surgery

Like what? Like all of a sudden I have amnesia and I don't remember how to be a, because I was at a director VP level. But regardless, there was somebody I had met along the way.

I had asked her if I can come do some work in the office. It was a home care agency. And again, it allowed me flexibility. I did tell her what was going on.

And then she just said to me, she goes, why don't you just start an LLC? She goes, come in here. She goes, I could use you in my operation. Help me with the compliance.

I said, okay. And there it was. some it just the opportunity. Yeah fell into your lap. Yeah jumped on it and you know it's funny because after I did I was like all right well that's great I have no plan and that was like 2017-18 I started doing that and I sported my LLC and then I was on to I started to focus on A lot of marketing and how to get clientele and my own personal model is in this current like healthcare reform.

And I've enjoyed it. I've enjoyed it. But that just felt, that came out of nowhere. And it was perfect. Cause it gave me the ability to really control my schedule.

At that time, the appointments started slowing down. It was the first year I was constantly seeing. Yeah, that's okay. Yeah. So, yeah, so again, your story is just so incredible in so many ways, like, you know, going through that journey of the diagnosis, the treatment, the recovery, but then what happened afterwards, you know, this incredible opportunity professionally that came up.

And from my perspective, you are doing so well, you know, there are really no deficits whatsoever. You know, when I test you, everything is great. And I'm just, you know, honored to have been part of your care and Really, your resilience really shines.

So yeah, I want to thank you. No, thank you. I would have never gotten through this without, like you said, the care team, the compassion, the support.

My emotions when I walked into your offices, you were all beyond, I mean, what do you say? You know, thank you is not enough. I trust, I know that what was done and I mean, I know I'm in good hands and you know.

Yeah, no, it's been quite a journey. It's been quite a journey. And I have to say it's, you know, it's our privilege to take care of patients like you and people trust their care in our hands.

That's really the greatest reward. But if you wanted to, you know, say a few last words for our audience, if there's a thought or anything that you want to really reinforce, what would that be, Mev?

Listen to our bodies. Our bodies talk to us. When I look back, as you brought up as women and how we are and how we look at things, I wish I would have taken more control of the situation gone a step further with things and

finding the right people, finding the right professionals.

allowing your emotions to be real but not letting them take you over because my ability to find my inner strength and again with the support got me through some of the roughest times and they were dark times for me.

So, you know, what's there to say? I'm preventative care and I say this because I wondered many times, I'm like, if I would have went for an eye exam.

I didn't wear glasses, I didn't have, you know, why would I go for an eye exam? Yeah. You know, that's one of my big messages is after 40, go get your eyes checked.

Even if, like you said, like even if your vision's 20-20, get your eyes checked. Because as eye doctors, we can see things that other doctors may not pick up.

And we can pick up things like brain tumors and autoimmune disease and it's just make it up a routine part of your care. That's why I said, listen to your body, preventative care, find the right support system.

To me, that was key. That was key. All those aspects are so important and so beautifully said. I really appreciate your getting that message across. For sharing your story with us, I know it's a very personal story.

I know when I asked you to come as a guest on the podcast, you had your hesitations, but I'm so glad that you did it because it will help others. It really helps.

Yeah. Thank you. Thank you. Thank you for sharing. And I wanted to thank you all for tuning in for the podcast this week. Again, it was a very unique episode.

I love sharing my patients' stories. And if you know of anyone whom maybe listening to this podcast would help them in their health journey, doesn't necessarily mean that they have to have a brain tumor, but any other eye issue or brain issue or general health issue, please share this podcast with them.

because it can really, Mev's journey and story can really hopefully uplift other people and give them, you know, a source of hope and strength. So again, thank you for being with us and thank you for listening and please share and subscribe so we can grow and impact more people.

So thank you all. Thank you for tuning in to the IQ Podcast. I hope you enjoyed today's episode and learned something new to help you boost your IQ. Leave us a review and share the podcast with your family and friends.

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